FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
	obligations may continue. See
	Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					UI Jeci	11011 30(11)	or tire	IIIVESUIIEIII	Com	party Act	01 1340							
1. Name and Address of Reporting Person* SAXE JON S			2. Issuer Name and Ticker or Trading Symbol VistaGen Therapeutics, Inc. [VTGN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
SAAE	JON 3										•	7	Director	r		10% Ow	ner	
														(give title		Other (s	pecify	
(Last)	(F	irst)	(Middle)				Trans	action (Mor	nth/Da	ay/Year)			below) below)					
C/O VISTAGEN THERAPEUTICS, INC.					02/02/2018													
3/13 01 1	EDTON AV	/ENITE																
343 ALLERTON AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Ott)				— ^{4.}	пАпе	enament, t	Jale 0	n Originai F	iiea (i	vionin/Da	ly/Year)	Line		omvGroup	Filing	(Спеск Арр	licable	
(Street)	CAN												Form fil	led by One	Repo	rting Person		
SOUTH	- C	A	94080											•		One Report		
FRANCI	ISCO												Person		0 111011	опо пороп	9	
(City)	(S	tate)	(Zip)															
		_		·	_	•					, -	e: · · ·	•					
		Ia	ble I - Non-D	erivati	ve Se	ecurities	s Ac	quirea, L	Jisp	osea c	of, or Be	neficially	Owned					
1. Title of	Security (Inst	tr. 3)		Transactio											7. Nature of Indirect Beneficial			
				Date (Month/Day/Year)		Execution Date, if any		e, Transaction Disposed Code (Instr.		d Of (D) (Instr. 3, 4 an) Securities Beneficia						
				•	<u> </u>	(Month/Day/Yea		ar) 8) `					Owned Fo		(l) (Instr. 4)		Ownership	
								Code	v	Amount	(A) o	r Price	Transaction(s)			(Instr. 4)		
						Code	Code V		(D)	File	(Instr. 3 a	nd 4)						
			Table II - De	rivativ	Sec	urities	Aca	uired. Di	sno	sed of	or Ben	eficially	Owned					
								options					J.111104					
1. Title of	2.	3. Transaction	3A. Deemed	4.		, Numbe		C Data Fire	,	ala and	7. Title an		8. Price of	9. Numbe		10.	11. Nature	
Derivative	Conversion		Execution Date,		Transaction		5. Number of Derivative		Expiration Date of Securities			ies	Derivative	derivative		Ownership	of Indirect	
Security or Exercise (Month/Day/Year) if any Instr. 3) Price of (Month/Day/Ye		if any (Month/Day/Year	Year) Code (Instr. 8)		Securities Acquired (A) or Disposed		(Month/Day/Year) Underlying Derivative Sec (Instr. 3 and 4)				Security (Instr. 5)	Securities Beneficially Owned		Direct (D)	Beneficial Ownership			
` Derivative \ \ `										(WOTHINDay/Teal					(111301. 3)	(Instr. 4)		
Security						of (D) (Instr. 3, 4 and 5)							Following Reported					
					<u> </u>	i l		$\overline{}$			Amount		Transaction(s) (Instr. 4)					
							ΙI					or		(111511. 4)				
				Code	l _v	(A)	(D)	Date Exercisable		piration te	Title	Number of Shares						
Caral				+		, ,	 		+									
Stock Option	61.16	02/02/2018		Ι,		100,000		(1)	102	/02/2028	Common	100.000		100.00	,			
(Right to	\$1.16	02/02/2018		A		100,000		(1)	102/	/02/2028	Stock	100,000	\$0	100,00	טע	D		
Buy)							ıl				l	1	l					

Explanation of Responses:

1. 25% of the Shares subject to the Option shall vest on date of grant February 2, 2018, and 1/24th of the remaining Shares subject to the Option shall vest on each monthly anniversary of the grant date thereafter.

/s/ Jerrold D. Dotson, Attorneyin-Fact 02/05/2018

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.